CONNECTICUT WOMEN'S HEALTH CAMPAIGN

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The Connecticut Women's Health Campaign

American Cancer Society
American Heart Association
Carey Consulting
Citizens' Task Force on Addictions
CT Association for Human Services
CT Breast Cancer Coalition/Foundation
CT Citizen Action Group
CT Coalition Against Domestic Violence
CT Coalition for Choice
CT Community Care
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Friends of Midwives in CT
Institute for Community Research
Latino and Puerto Rican Affairs Commission
National Council of Jewish Women
Older Women's League
Planned Parenthood of CT
Permanent Commission on the Status of Women
Quinnipiac University, Department of Nursing
Research for Ovarian Cancer and Continued Survival
UCONN Asian American Studies Institute
UCONN School of Allied Health
Upper Room Unlimited, Inc.
Yale School of Medicine/Department of Epidemiology & Public Health

TEST YOUR KNOWLEDGE OF WOMEN'S HEALTH

FACTS

Working for the Health and Well Being of Connecticut Women

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TEST YOUR KNOWLEDGE OF WOMEN'S HEALTH

Quiz Questions

1. Smoking during pregnancy increases the risk of cancer development in their children.

   True or False?

2. Females accounted for what percentage of newly reported HIV infections among 13-24 year olds.

   a. one-third
   b. one-half
   c. two-thirds

3. On any given day, two-thirds of the nursing home residents in Connecticut are on Medicaid. During fiscal year 2000, the State of Connecticut expended how much money on long-term care through the Medicaid system?

   a. $1.8 million
   b. $7.2 million
   c. $1.8 billion

4. What percentage of women in drug abuse treatment programs report a history of physical and sexual abuse with victimization beginning before 11 years of age and occurring repeatedly?

   a. 30%
   b. 50%
   c. 70%
   d. 90%

(more)

5. The annual medical costs of domestic violence in the U.S. are estimated to be

   a. between $20 million and $25 million
   b. between $750 million and $800 million
   c. between $5 billion and $10 billion

6. How many American women will have had at least one abortion by age 45?

   a. 22%
   b. 43%
   c. 61%

7. How many of the women who received treatment for breast cancer became eligible for Medicaid and other General Assistance Programs because of expenses incurred as a result of their breast cancer diagnoses?

   a. one-quarter
   b. one-half
   c. three-quarters

8. What percentage of severely disabled women live near or below the poverty level?

   a. 53.3%
   b. 43.3%
   c. 33.3%

9. What percentage of adolescents in HUSKY are screened for depression?

   a. 20%
   b. 40%
   c. 60%

Answers
1. True
2. b. one-half
3. c. $1.8 billion
4. c. 70%
5. c. between $5 billion and $10 billion
6. b. 43%
7. b. one-half
8. a. 53.3%
9. a. 20%

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CONNECTICUT WOMEN'S HEALTH CAMPAIGN

2001 Legislative Priorities

- **Equal Coverage for Prescription Contraceptives –** Support a proposal to prohibit insurers from excluding prescription contraceptives from their prescription coverage.

- **Coverage for Uninsured Adults –** Support proposals to provide affordable health insurance coverage to uninsured adults, and recommend the use of a portion of the funds from the tobacco settlement to help fund this important public health initiative. Such proposals may include, but not be limited to:

  a. Coverage for parents or guardians of children eligible under HUSKY A, using Medicaid dollars under Section 1931 of the Social Security Act, which permits eligibility for adults in households under 185% of poverty without an asset test;
  b. Opportunity for parents or guardians of HUSKY B children to participate in the plan on a sliding scale fee basis;
  c. Opportunities for small businesses, non-profits and self-employed people to participate in the state employee plan;
  d. Opportunities for low-income adults without children, including parents not yet eligible for Medicare whose children are grown (e.g. adults approx. 40-64 yrs. of age), to participate on a sliding scale fee basis in the state employees' health plan;
  e. Opportunities for uninsured working people with disabilities to be covered by Medicaid, with a premium co-pay (please see Disabilities section, below);

f. Tax credits to offset start-up costs for small employers to provide health insurance plans to employees;
g. Treatment funds for patients diagnosed with cancer through the state-funded Breast and Cervical Cancer Early Detection program;
h. Reauthorize SAGA, Medicaid and TANF benefits for legal immigrants after June 30, 1999.

- **Confidentiality of Medical Records –** Support proposals to protect the privacy of health care consumers, so that women seeking care for such matters as reproductive health, substance abuse, mental health, domestic violence and sexual assault, HIV/AIDS and other sexually transmitted diseases will not be deterred from seeking such care, and so that all patients can expect reasonable privacy regarding health care.

- **Certificate of Need –** Support language strengthening the Certificate of Need statute to protect the access of consumers in all regions of the state to the full range of reproductive health care services, particularly in the event of mergers, collaborations and acquisitions of health facilities or the development of new facilities.

- **Insurance Coverage for Approved Clinical Trials –** Support proposals requiring insurers to provide equal coverage for approved clinical trials for breast cancer, HIV/AIDS and other appropriate treatments.

- **Adequate and appropriate services for women with addictions**

- **Women with Disabilities -** Support a proposal for "Medicaid buy-in" for uninsured people with disabilities to obtain coverage with a premium co-pay, and to provide access to "wrap around coverage" for supplies and equipment not covered by private insurance.

- **Violence Against Women -** Support proposals to reduce violence against women and strengthen the enforcement of laws protecting women against violence, because violence against women is an urgent public health issue as well as a criminal justice issue.

- **Women and HIV/AIDS -** Support proposals to increase funding for HIV/AIDS prevention, treatment and housing programs, needle exchange, and to support models which make such programs gender specific and effective for women living with HIV/AIDS.

- **Health Promotion for Women**

  a. Support expansion of programs which promote women's health through public health education on such topics as osteoporosis, folic acid and nutrition;

  b. Support Medicaid coverage and public funding for nutrition counseling and medical nutrition therapy to reduce the incidence among women of cardiovascular disease, diabetes, obesity, and other illnesses, and to improve maternal and child health.

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Women and Smoking

■ Women have a more difficult time quitting smoking than men because of gender differences in nicotine addiction. (1)

■ Constant exposure to second hand smoke almost doubles the risk of having a heart attack in women. (2)

■ Women have a higher risk of developing lung cancer than men even with less smoke exposure. Lung cancer is up to three times more likely to develop in women who smoke than in men with comparable smoking habits. (3)

■ Women who smoke are at increased risk of developing depression. (4)

■ Smoking during pregnancy increases the risk of cancer development in their children. (5)

■ 36.5% of Connecticut girls under age 18 smoke; 22.2% of Connecticut women are smokers. (6)

■ Young women between the ages of 16 and 22 are more likely to smoke cigarettes than their male counterparts. (7)

■ For every dollar invested in smoking cessation for pregnant women, about $6 is saved in neonatal intensive care costs and long-term care associated with low birthweight deliveries. (8)

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Women and HIV/AIDS

Connecticut

■ The percentage of women among total reported AIDS cases in Connecticut has increased from 19.5% during the first decade of the epidemic (1980-1990) to 41.2% during the first six months of 2000. This is almost double the national percentage of women.

■ 30% of individuals who tested positive for HIV at State-funded test sites were women.

■ The AIDS prevalence rate (number of people living with AIDS per 100,000) for Connecticut women is 94.4. The rate is 30.5 for white women, 370.2 for Hispanic women, 468.8 for black women, and 8.6 for Asian women.

■ Injection drug use remains the primary way Connecticut women are becoming infected, although heterosexual transmission is fast approaching drug use as a risk factor. Heterosexual transmission exceeded drug use as the primary risk AIDS risk for Hispanic women in 1999.

■ The percentage of newly reported AIDS cases in Connecticut are increasing among Hispanic and white women and decreasing among black women.

United States

■ The Center for Disease Control (CDC) estimates that there are 120,000 - 160,000 female adolescents and adults living with HIV in the US.

■ In 1985, 7% of US AIDS cases were women. In 1999, 23% were women.

■ Females accounted for 49% of newly reported HIV infections among 13-24 year olds.

■ AIDS remains among the leading causes of death for US women ages 25-44, especially among women of color.

FACTS

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■ African-American and Hispanic women comprise only one-quarter of the female population in the US, yet comprise 77% of diagnosed AIDS cases. African-American women comprise 68% of reported adult/adolescent HIV infection in women.

Worldwide

■ According to UNAIDS, women accounted for 52% of worldwide reported adult AIDS deaths in 1999. Since the beginning of the epidemic, more than 6.2 million women are known to have died of AIDS.

■ Women comprise an ever-increasing proportion of newly infected individuals, accounting for 41% of the estimated 5.4 million newly infected adults in 1999 and 55% of infected Africans.

■ Young women are at greater risk than their male counterparts, with 15-19 year old females four to six times more likely than their male counterparts to be infected.

General

There is evidence that prolonged HIV infection gradually reduces fertility in women. Microbicides, chemical creams or gels that kill HIV that can be applied topically to the vagina, offer the best promise of women-controlled HIV prevention. There are several such agents in the pipeline, but research in this area is so underfunded that it may be several years before one is brought to market. Less than one percent of the federal AIDS research budget is devoted to microbicide development.

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Connecticut Department of Public Health Annual AIDS Surveillance Report
UNAIDS/WHO Global HIV/AIDS Epidemic Update, December 1999
CDC Surveillance Summary 2000
American Association for World Health, 2000

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Quality Care for Older Women

Life Expectancy and Poverty

■ Today, 34 million Americans, or one in eight, are 65 or older, and three out of five are women. (1)

■ One of every six older women is a member of a minority group. Poverty is more prevalent in these groups. Among older women living alone, three out five African Americans and two out of five Latinos live in poverty. (1)

■ The average life expectancy at birth is 79 years for women and 72 years for men. Life expectancy is projected to increase into the next century, increasing at a slightly greater rate for women. Since women have a longer average life expectancy than men, and also tend to marry men older that themselves, 7 out of 10 "baby boom" women will outlive their husbands. Many can expect to be widows for 15 to 20 years. (1)

■ Compared with men, elderly women are three times more likely to be widowed or living alone, spend more years and a larger percentage of their lifetime disabled, are nearly twice as likely to reside in a nursing home, and are more than twice as likely to live in poverty. (1)

■ Most older women today will live out their lives as widows dependent on Social Security benefits as their primary source of income. Older women are only about half as likely as older men to be receiving pension income. Women are at greater risk of impoverishment because Social Security benefits are insufficient and lower wages result in lesser benefits and smaller or fewer pensions. Three out of four persons over age 65 receiving Supplemental Security Income are women. (1)

Older Women, Nursing Homes and Home Care

■ The current health care system, which ties access to affordable health insurance to employment and marital status,

(more)

places women at a disadvantage. Although women have coverage through Medicare, their lower incomes mean they spend more, up to 25% of their disposable income, on out of pocket health care expenses. Women are less able than men to afford the costs of nursing home care, home care or private long-term care insurance. Health care costs often push them into poverty. (1)

■ On any given day, two-thirds of the nursing home residents in Connecticut are on Medicaid. During fiscal year 2000, the State of Connecticut expended nearly $1.8 billion on long-term care through the Medicaid system. This represents 63% of the total Medicaid expenditures and 15% of the entire State budget. Of the $1.76 billion spent for long-term care services, $1.3 billion (or 72%) was expended for nursing home care and over $490 million (or 28%) was spent on home and community based care. (2)

■ The Connecticut Home Care Program for Elders saved the State of Connecticut approximately $41 million in reduced utilization of nursing facility beds in FY 1999. (3)

Sources
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The Health Effects of Domestic Violence and Sexual Assault on Women

Physical Injury

■ Battering was the single most common cause of injury for which women sought medical attention, according to a 1997 study at Yale-New Haven Hospital.[1]

Suicide

■ Rape In America, reported that 13% of U.S. rape victims attempted suicide.[2]

Mental Health

■ Sexual assault is closely associated with depression and anxiety disorders. 50% - 95% of women who have been raped will develop PTSD.[3]

Substance Abuse

■ Studies indicate that up to 70% of women in drug abuse treatment report a history of physical and sexual abuse with victimization beginning before 11 years of age and occurring repeatedly.[4]

■ A 2000 Connecticut survey of clients at substance abuse programs found that 60% of the clients reported either current or past domestic violence.[5]

Eating Disorders

■ Women who were sexually abused are significantly more likely to report one or more symptoms of eating disorders than their non-abused peers.[6]

Pregnancy

■ 62% of pregnant or parenting adolescents have experienced contact molestation, attempted rape or rape prior to their first pregnancy; between 11-20% of girls were pregnant as a direct result of sexual assault.[7]

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HIV

■ Women who were sexually abused as children are at a higher risk for contracting HIV later in life.[8]

Health Care Cost

■ A study of one HMO found that women with a history of sexual abuse have significantly higher primary care and outpatient costs than women without a similar history. Annual costs of the increase to this HMO totaled over 7 million dollars.[9]

■ The annual medical costs of domestic violence in the U.S. are estimated between $5 billion and $10 billion dollars.[10]

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Access to Reproductive Health Care for Women

United States

- Between 1992 and 1996 the number of U.S. hospitals providing abortions decreased by 18%. (1)

- 86% of all U.S. counties and 95% of all rural U.S. counties have no abortion provider. (1)

- 2% of OB-GYNs perform the majority of abortions in the U.S. (2)

- 26% of women receiving abortions are 11-19 years old. (3)

- 61% of teens having abortions do so with their parents' knowledge. (4)

- Poor women are three times more likely to have abortions than those who are financially better off. (3)

- There have been 2400 reported instances of violence against abortion providers since 1977, including 7 murders and 16 attempted murders. (5)

- Abortion is the only medical procedure with a "conscience clause" that allows medical providers to refuse to participate in the care of a patient.

- By the time they have reached the age of 45, 43% of American women will have had at least one abortion. (6)

Connecticut

- In 1965, Griswold v. Connecticut set the privacy precedent for Roe v. Wade.

- In 1990, Connecticut codified Roe, guaranteeing a woman's right to an abortion in CT should the U.S. Supreme Court overturn Roe v Wade.

FACTS

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■ In 1999, Connecticut was one of the first eight states to pass the "Pill Bill," concerning contraceptive equity.

■ In 1999, the Connecticut legislature voted against a ban on a specific abortion procedure; the U. S. Supreme Court reached the same conclusion as the Connecticut legislature, ruling in Stenberg v. Carhart that such bans are un- constitutional.

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Breast and Cervical Cancer Treatment

■ Regular mammograms and pap tests are reliable methods of detecting breast and cervical cancer in the early and most treatable stage. Connecticut has a program, funded by the Federal Centers for Disease Control and the state of Connecticut, which covers the costs associated with screening and diagnosis for underinsured and uninsured women. Early detection significantly increases the rate of survival and cure.

■ In October of 2000, the Federal Government passed HR 4386, the Breast and Cervical Cancer Prevention and Treatment Act of 2000, which gave states the option of providing medical coverage for treatment to women screened and diagnosed with cancer under the CDC's National Breast and Cervical Cancer Early Detection Program. States that participate will receive an enhanced federal Medicaid match rate for treatment of 70% federal.

Statistics

■ National statistics indicate that since the inception of the CDC program for breast cancer screening, about 0.5% (or 5 per 1,000) of women have been found to have breast cancer.

■ The estimated average cost of breast cancer treatment in the first year after diagnosis is about $20,000 per individual. In subsequent years, ongoing care costs $6,000 a year, until the last year of a patient's life when costs total about $33,000.

■ Over 15,000 women in Connecticut have received such screening services and, in these first five years, 127 women were diagnosed with breast cancer and 93 women were diagnosed with cervical cancer.

■ During calendar year 2000, in the state of Connecticut there have been 31 breast cancers and 13 cervical cancers diagnosed under the screening program.

■ Currently, there is no funding available for uninsured women to obtain treatment following a diagnosis of cancer. As a result, almost one-half (49%) of the women who received treatment for breast cancer became eligible for Medicaid and other General Assistance Programs because of expenses incurred as a result of their breast cancer diagnoses.

Recommendations

■ The Connecticut Women's Health Campaign recommends passage of HB 6709, which requires the state to provide Medicaid coverage for all medical treatment to women who are diagnosed with cancer through the state's Breast and Cervical Cancer Early Detection Program. This legislation includes presumptive eligibility so that a woman with a breast or cervical cancer diagnosis can seek medical care immediately. Approving this bill will allow Connecticut to begin the process of applying for the Medicaid waiver for treatment of breast and cervical cancer.

Sources
Congressional Budget Office
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CONNECTICUT WOMEN'S HEALTH CAMPAIGN

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Insurance Coverage for Clinical Trials

Clinical trials are studies that evaluate the effectiveness of new interventions. Clinical trials are part of the process of advancing our knowledge and our ability to fight this disease. They consist of three phases:

Phase I Trials

■ Phase I trials are conducted in people to evaluate how a new drug should be administered, how often and at what dosage.

Phase II Trials

■ A Phase II trial provides information about how well the new drug works and generates more information about safety and benefits.

Phase III Trials

■ These trials compare a promising new drug, combinations of drugs, or a procedure with the current standard.

■ Each phase of clinical trials must take place in sequence: Phase I, Phase II and then finally Phase III.

■ In some cases, an FDA approved experimental drug or procedure is the best or last hope that a person has in her or his battle against cancer

■ While the specific drug or treatment involved in a clinical trial is usually paid for by the entity conducting the trial, insurers often deny coverage for the balance of the health care that may be necessary as treatment is conducted. This effectively bars many patients from receiving the treatment or participating in the clinical trial. Some patients, anxious for a cure as any one of us would be, participate in the clinical trial and incur huge and debilitating debts.

Recommendations

■ The Connecticut Women's Health Campaign recommends passage of SB 325 that would require that all insurance providers cover routine patient care costs for all three phases of trials to allow for consistent coverage of treatment protocols for routine patient care for those in clinical trials.

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National Cancer Institute

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Health Care for Women in HUSKY/Medicaid Managed Care

Eligibility/Enrollment

■ Women make up approximately 25%, or about 50,000 of the participants, in the Medicaid Managed Care program (pregnant teens and children up to age 21 are not included in this number) (1)

Access to Care

■ Only about 63% of pregnant women are enrolled in the program during their first trimester, which delays their ability to seek primary and pre-natal care. Over 88% of women in the general population in Connecticut are enrolled in a health plan during their first trimester and received pre-natal care. (2)

Health Status

■ It is widely accepted in the public health literature that women living in poverty have higher rates of stress, depression and increased health complications including elevated behavioral health needs. Studies show that mothers with stress, depression or addictions have compromised health status that can also affect the health and well being of their children.

Quality of Care

■ Only about 20% of adolescents in HUSKY whose medical records were reviewed had been screened for depression. (3)

■ A review of the medical charts of adolescents in HUSKY revealed that males were not likely to be counseled about sexual activity, and that females were much more likely than males t be asked about alcohol, tobacco and drugs. (3)

■ The state pays managed care organizations a capitated rate for all enrollees' care; yet only 54% of women in HUSKY/Medicaid Managed Care received any preventive care or treatment of any kind. (4)

■ Only 54% of women under 21 who were enrolled in 1997 received every component of pre-natal care from counseling on folic acid supplementation to blood pressure measurement. (5)

Recommendations to Improve Health Care For Women In HUSKY/Medicaid Managed Care

■ Undertake a new and innovative marketing program targeted to potentially eligible women, adolescents and caretaker relatives.
■ Provide programs on smoking cessation, childbirth education, nutrition education, immigrant women and families, women with limited English proficiency, behavioral health care.
■ Institute a care coordination program to advocate for and assist women and caretaker relatives to access primary and pre-natal services in HUSKY.
■ Collect and analyze information on primary and preventive care for adults in HUSKY.
■ Monitor the quality of care and consumer satisfaction for the same population to develop standards and recommendations for improving access to care for adults.
■ Coordinate care for women with disabilities who are parents and caregivers to children with complex medical conditions.
■ Establish community-based health and wellness education targeted to women, not limited to pre-natal care.
■ Identify public and/or private entities and resources to carry out these recommendations.

Sources
(1) CT Department of Social Services, Enrollment reports, 1995-2001.
(2) CT Department of Social Services and CT Department of Public Health, Encounter reports.
(3) Qualidigm Medical Record Review
(4) "Primary Care and Cancer Screening for Women Enrolled in Medicaid Managed Care, 1998", dated November 1999. Mary Alice Lee and Amanda Learned, Connecticut Health Council, 2000
(5) CT Department of Social Services and Qualidigm

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The Connecticut Women's Health Campaign

American Cancer Society
American Heart Association
Carey Consulting
Citizens' Task Force on Addictions
CT Association for Human Services
CT Breast Cancer Coalition/Foundation
CT Citizen Action Group
CT Coalition Against Domestic Violence
CT Coalition for Choice
CT Community Care
CT NARAL
CT Occupational Therapy Association
CT Sexual Assault Crisis Services
CT Women's Consortium, Inc.
CT Women and Disability Network
CT Women's Vulvar Pain Support Group
CJS Eldercare Management Consultants
Friends of Midwives in CT
Institute for Community Research
Latino and Puerto Rican Affairs Commission
National Council of Jewish Women
Older Women's League
Planned Parenthood of CT
Permanent Commission on the Status of Women
Quinnipiac University, Department of Nursing
Research for Ovarian Cancer and Continued Survival
UCONN Asian American Studies Institute
UCONN School of Allied Health
Upper Room Unlimited, Inc.
Yale School of Medicine/Department of Epidemiology & Public Health

Women with Disabilities

Nationwide

■ 26 million women have work related limitations as a result of disabilities. (1)

■ 53.3% of severely disabled women live near or below the poverty level. (1)

■ Only 45.2% of women with disabilities are employed, as compared with 72.6% of women without disabilities who are employed. (1)

■ Women with disabilities reported chronic conditions more often than the comparison group of women without disabilities and at younger ages: Significantly more women reported having: (2)

urinary tract infections 18 %
major depression - 17%
osteoporosis-12%
inflammatory bowel disease - 6%
heart disease - 5%
seizure disorder - 5%
kidney disease - 3%

Sources
Journal of Women with Disabilities
The National Study of Women with Physical Disabilities
Website for data on chronic conditions: CROWD@bcm.tmc.edu

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